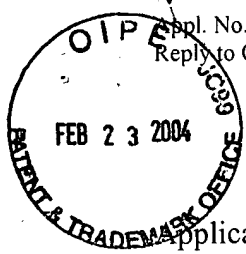


#9B/8-5-04
V. Jale



Appl. No. 09/701,693
Reply to Office Action of November 24, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Fraas
Appl. No.: 09/701,693
Filed: November 30, 2000
Title: PROGRAM-CONTROLLED APPARATUS
Art Unit: 2133
Examiner: T. Jack
Docket No.: 112740-114

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

FEB 26 2004

AMENDMENT

Technology Center 2100

Sir:

In response to the Office Action dated November 24, 2003, please amend the above-identified patent application as follows:

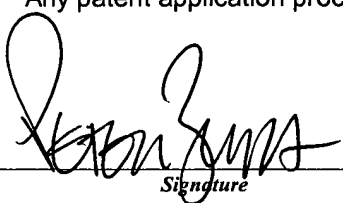
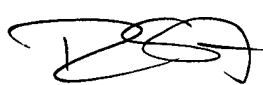
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include 2 attached replacement sheets

Remarks begin on page 7 of this paper.

2133

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112740-00114	
Applicant(s): Wolfgang Fraas et al.					
Serial No. 09/701,693	Filing Date November 30, 2000	Examiner T. Jack		Group Art Unit 2133	
Invention: PROGRAM-CONTROLLED APPARATUS					
				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 26 2004 </div>	
<u>TO THE COMMISSIONER FOR PATENTS:</u> Technology Center 2100					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: February 19, 2004 </div> </div> <div style="margin-top: 20px;">  _____ <i>Signature</i> </div>					
Peter Zura Reg. No. 48,196 P.O. Box 1135 Chicago, Illinois 60690-1135 (312) 807-4708			I certify that this document and fee is being deposited on February 19, 2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="text-align: center;">  _____ <i>Signature of Person Mailing Correspondence</i> Renee Street _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					